

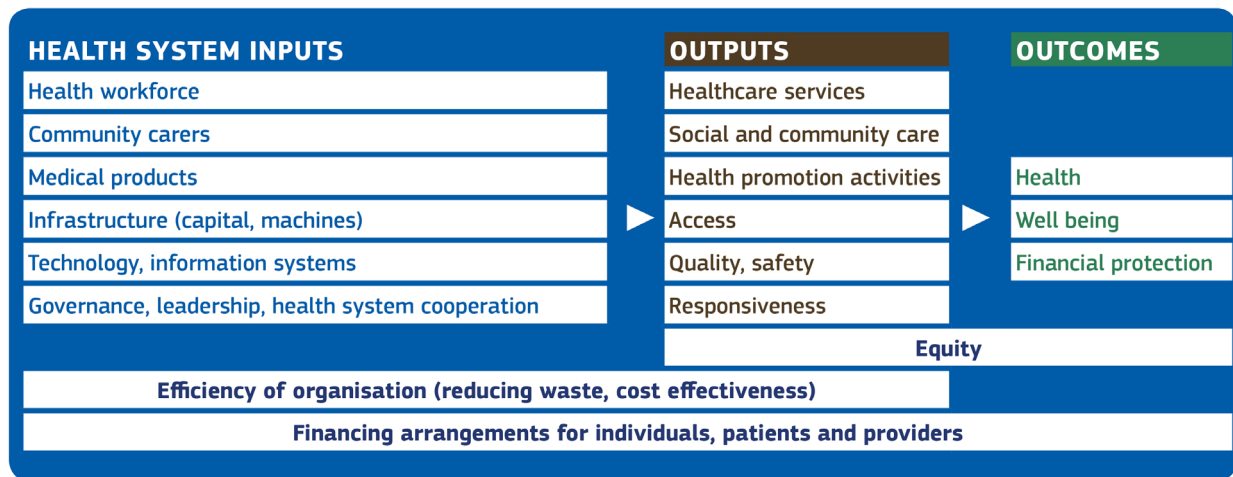


# ORGANISATION OF RESILIENT HEALTH AND SOCIAL CARE FOLLOWING THE COVID-19 PANDEMIC

## Fact sheet accompanying the Opinion by the Expert Panel on Effective Ways of Investing in Health (EXPH)

### WHAT DO WE NEED TO CREATE RESILIENT HEALTH AND SOCIAL CARE SYSTEMS?

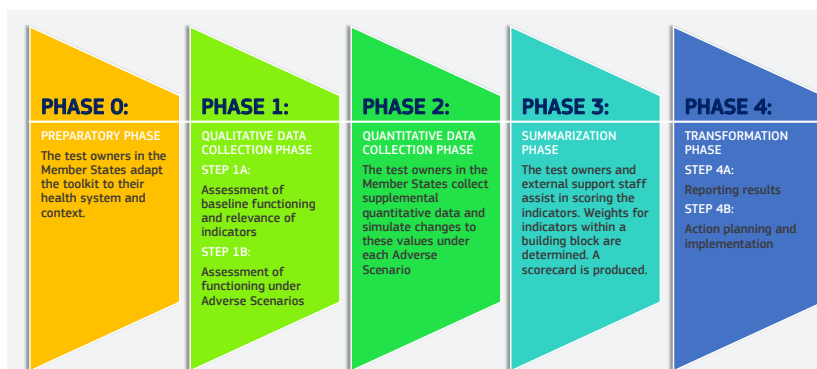
Creation of resilient health and social care systems requires action on all of the building blocks that make up these systems, ensuring alignment of **inputs/outputs/outcomes**, based on a detailed understanding of how sudden shocks and structural changes might impact on different parts of the system. This framework points to a need for increased capacity building in areas such as decision making, information management and resource allocation.



### HOW CAN WE TEST HEALTH SYSTEM RESILIENCE?

Similar to stress tests in the banking sector, health systems should be assessed for their resilience before a crisis hits. A “resilience test” of health systems would examine possible responses to different “what if” **adverse scenarios**. However, unlike a stress test, a resilience test involves both qualitative and quantitative methods. The response to potential crises are gathered through a participatory process, involving stakeholders (both those making policies and those affected by them, such as patients) from different sectors, drawing on best practice on co-production of knowledge.

### FIVE PHASES OF RESILIENCE TEST IMPLEMENTATION



> > > CONTINUOUS EVALUATION OF THE TEST IMPLEMENTATION PROCESS > >

## RECOMMENDATIONS – PREPARE TO BE PREPARED

### SURGE CAPACITY AND STAFF

Health systems need sufficient and adaptive capacity to respond to surges in demand when faced with unexpected events. Mechanisms are required for **sharing the load** both within countries and across national frontiers. Health systems also require a **flexible workforce**, with health workers being able to take on additional responsibilities when needed.

### R&D AND SUPPLY CHAIN

Those responsible for funding and commissioning research and development should invest in knowledge that can inform **strategic preparedness for new challenges**, including pandemics, as a means to increase societal resilience. This should include streamlined processes to support discovery and development of pharmacological (including vaccines) and nonpharmacological measures, both in anticipation of and during major health crises. These measures should be supported by improved procurement, stockpiling, and distribution systems.

### DISINFORMATION

Misinformation and “fake news” are a serious threat to management of a health crisis, for example in relation to lockdown communication and vaccination plans. **Robust systems for monitoring and countering** them are an essential part of any comprehensive response.

### MULTI-SYSTEM APPROACH

A comprehensive response will require **linkage of individual data from many different sectors**, feeding into multisectoral measures. Data linkage, currently only possible in a few Member States, is essential, subject to appropriate safeguards. This process should feed into **multisectoral governance structures** that enable concerted action beyond the health system.

### RESILIENCE TESTING

Health systems should be subject to regular stress or resilience testing, which could draw on the approach set out in this opinion. This is an appropriate topic for action by the European Commission. The findings from testing should be made public within Member States and **feed into strategic action plans** to strengthen the resilience of health and social care systems, and other relevant systems.

### PRIMARY CARE AND MENTAL HEALTH

Health systems need to be prepared to respond to the increased burden of mental illness during a health crisis and to **ensure continuity of health services** led by primary care. Beyond the health system, policymakers should establish mechanisms to track patterns of **psychological distress** in the population and their causes, and develop strategies to respond to them.

### PATIENT DATA DISAGGREGATION

Timely and accurate data are essential for decision-making, as well as providing **information with sufficient granularity** (by sex, age, ethnicity, residence, socioeconomic status (SES), comorbidities and long-term care facility residence). As a priority, the Commission and Member States should initiate a dialogue on how best to collect data on ethnicity and SES in a comparable manner, taking account of the historical sensitivities involved.

### HEALTH EQUITY

**Health crises shine a light on existing fractures within societies.** A comprehensive response must anticipate ways in which both health threats and measures taken to combat such threats may widen inequalities and put in place measures to reduce them.

### TRAINING ON VULNERABILITY

Initial and continuing training for health workers should be offered including inter-professional courses to **raise awareness of the nature and scale of vulnerability** within society and ways in which it can be addressed.

### LEARNING COMMUNITIES

It is essential to develop mechanisms to **ensure rapid exchange of knowledge within the European scientific and policy communities.** This could take the form of learning communities within and across disciplines and specialist areas. Support for such an initiative would be an appropriate activity for the European Commission which, as a first step, should support a network that can facilitate learning of lessons from responses to COVID-19 and inform strategic action plans of Member States.

#### About the Expert Panel on Effective Ways of Investing in Health

The Expert Panel's mission is to provide sound and independent advice in the form of opinions in response to questions (mandates) submitted by the Commission on matters related to health care. The opinions of the Expert Panel present the views of the independent scientists who are members of the Expert Panel. They do not necessarily reflect the views of the European Commission. For more information and to read the opinions in full: [https://ec.europa.eu/health/exph/key\\_documents\\_en#anchor1](https://ec.europa.eu/health/exph/key_documents_en#anchor1)